



Housing and Council Tax Benefit Self-employed Earnings Form



Name :

Address:

Benefit Reference: Tel No:
(optional)

Section 1 – Tell us about your business

1 Name and full address of your business (If you have more than one business, you must complete a form for each business):

.....

2 What is the nature of your business?

.....

3 What date did your business start?

.....

4 Are you VAT registered? Yes No VAT no:

5 If you have any partners in your business state their names and share of any profit:

Partner 1:	share of profit:	%
Partner 2:	share of profit:	%
Partner 3:	share of profit:	%

6 Are you a director of the company/business? Yes No

7 How many hours do you work at your self-employed business per week?

.....

8. What date did you register with HMRC as self-employed?.....

Provide your registration no:

If you are not yet registered with HMRC you need to contact them to do so as soon as possible.

9. Are you a self-employed childminder? Yes No

If yes please provide your registration number:

You need now only complete Section 2, Question 6 of Section 3 and Section 9.

Section 2 – Accounting Period

Complete the following sections to show details of your income and expenditure.

The period covered should either be:

- 1) The last 52 weeks before the date of your claim for benefit, or
- 2) If you have not been trading for 52 weeks, the date you started trading to the present time, or
- 3) For new businesses provide projected earnings followed by your actual income after your first 4 weeks of trading.

The figures provided on this form are for the actual trading period:

From To

Or

If the figures are for projected earnings they are for the period:

From To

Section 3 – Money coming into the business

1. What was the total value of your stock at the beginning of this period? £

2. What was the total value of your stock at the end of this period? £

3. Have you taken any goods for your own use during this period? Yes No

If Yes, what was the value of these goods? £

4. If you have received any money under the Business Start-up Grant Scheme, please give the period covered by the scheme.

Business start-up grant scheme £

From To

5. If you have received any money under the Enterprise Grant Scheme, please give the period covered by the scheme.

Business start-up grant scheme £

From To

- | | |
|--|--|
| 6. Sales, takings, receipts, work done, commission, tips etc | £ <input style="width: 100px;" type="text"/> |
| 7. VAT received | £ <input style="width: 100px;" type="text"/> |
| 8. Other income into the business | £ <input style="width: 100px;" type="text"/> |

Please tell us what this is. Include any other income which comes into the business which you have not already listed. DO NOT include income from any other businesses or jobs.

- | | |
|---|--|
| 9. Rent paid to your business | £ <input style="width: 100px;" type="text"/> |
| 10. Cash or capital put into the business in this accounting period.
Include interest on business investments. | £ <input style="width: 100px;" type="text"/> |

Section 4 – Money going out of the business

ONLY QUOTE FIGURES FOR BUSINESS USE AND NOT PERSONAL USE

- | | |
|---|--|
| 1. Business purchases (including things like stock and materials) | £ <input style="width: 100px;" type="text"/> |
| 2. VAT paid out | £ <input style="width: 100px;" type="text"/> |
| 3. Wages paid from business | |
| a) to yourself (drawings) | £ <input style="width: 100px;" type="text"/> |
| b) to your spouse | £ <input style="width: 100px;" type="text"/> |
| c) to others | £ <input style="width: 100px;" type="text"/> |
| 4. Rent/rates/mortgage interest paid on business premises | |
| 5. Heating | £ <input style="width: 100px;" type="text"/> |
| 6. Lighting | £ <input style="width: 100px;" type="text"/> |
| 7. Telephone/mobile/landline/fax/internet | £ <input style="width: 100px;" type="text"/> |
| 8. Water rates | £ <input style="width: 100px;" type="text"/> |
| 9. Gas/other fuel | £ <input style="width: 100px;" type="text"/> |

10. Do you own a vehicle?

Yes No

11. Petrol

£

12. Road Tax

£

13. Insurance

£

14. MOT/servicing/repairs

£

15. Hire purchase and leasing charges

£

16. Advertising

£

17. Accountancy fees

£

18. Legal fees

£

19. Bank charges

£

20. Business overdraft charges

£

21. Business insurance

£

22. Proven bad debts

(only include debts which cannot be recovered)

£

23. Debt recovery expenses

£

24. Repairs & renewals

£

25. Travel costs

£

26. Stationery / printing / postage

£

27. Other (specify)

£

28. Class 2 ordinary contributions

(please provide your exemption certificate)

£

29. Class 2 voluntary contributions

£

30. Class 3 contributions

£

31. Are you liable for Class 4 contributions?

Yes No

Section 5 – Loans for your business

1. Loan taken out to set up or expand your business

Total capital repayment

£

Total interest repayment

£

What period does the loan cover?

From

To

2. Loan taken out to repair any machinery, equipment or assets (where not covered by insurance)

Total capital repayment

£

Total interest repayment

£

What period does the loan cover?

From

To

Section 6 – Total Profit/Loss

Please give the profit*/loss* for this accounting period

£	Profit*/Loss*
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*delete as applicable

We may ask to see proof of any items of income and / or expenditure stated on this form.

Section 8 – Additional Information you may wish to provide that may be relevant to your claim

A large, empty rectangular box with a thin black border, occupying the majority of the page below the section header. It is intended for the user to provide additional information relevant to their claim.

Section 9 – Declaration

Please read this declaration carefully

Warning

It is an offence to give false information

This information is in support of my claim for Housing/Council Tax Benefit

- I declare that the information given on this form is true and complete to the best of my knowledge.
- I authorise the Council to make any necessary enquiries to verify the information on this form.
- **I will inform the Housing/Council Tax Benefit office in writing immediately should my/our income or circumstances change. I understand that failure to declare a change in circumstances is a criminal offence and I may be prosecuted (Theft Act 1968 or Social Security Acts or Fraud Act 2006).**
- I understand that a delay in telling you of any change in circumstances may mean that I have to repay any benefit which has been overpaid.
- I understand that the details I have provided on my claim will be held in a computer system registered under the Data Protection Acts.

How we collect and use information

The information collected on this form and from supporting evidence by Ryedale District Council will be used to process your Housing Benefit and Council Tax Benefit claims. The information may be passed to the Department for Work and Pensions and Inland Revenue as permitted by law. If you are living in Supported Housing, the information may be passed to North Yorkshire County Council.

We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties, or give information to them to check the accuracy of information, to prevent or detect crime, or to protect public funds in other ways, as permitted by law. These third parties include Government Departments and local authorities.

We will not disclose information about you to anyone outside Ryedale District Council nor use information about you for other purposes unless the law permits us to.

Ryedale District Council is the Data Controller for the purposes of the Data Protection Act 1998. If you want to know more about what information we have about you, or the way we use your information, please contact the Data Protection Officer, Ryedale House, Old Malton Road, Malton YO17 7HH.

I have read and understood the above declaration and

I declare that the information I have given on this form is correct and complete.

Signature of person
claiming

Date

If someone else has completed this form for you, please ensure they complete this section

I declare that the information I have given on this form is correct and complete to the best of my knowledge

Signature:.....

Address:.....

.....

Title

Company Stamp

Please return this form to your local Council's Benefits Service at:

Benefits Services, PO Box 69, Ryedale House, Old Malton Road, Malton YO17 7ZL